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**AFFIDAVIT OF 70/30
FOR
CATERER'S PERMIT**



In accordance with Shreveport City Code Sec 10-53, this affidavit will be accomplished and submitted with the Retail Liquor License/Caterer's permit renewal application. **Figures will include sales for any catered events for the 12 whole months prior to the application date.** The affidavit and renewal application must be submitted at least 30 days prior to the expiration date shown on the current license. Failure to do so will result in the assessment of late fees and/or suspension of the permit.

BUSINESS NAME_____

ADDRESS_____

RETAIL PERMIT ISSUED TO_____ **PERMIT #**_____
ADDRESS_____

TOTAL FOOD SALES: _____ **PERCENTAGE**_____

TOTAL ALCOHOL SALES:_____ **PERCENTAGE**_____

OTHER SALES: (Tobacco/souvenirs etc.)_____ **PERCENTAGE**_____

TOTAL GROSS SALES:_____ **TOTAL**_____

PREPARED BY: NAME:_____

ADDRESS:_____

PHONE #:_____

IF CPA/LICENSE #:_____

OWNER'S SIGNATURE_____ **DATE**_____

Sworn to and subscribed before me this _____ day of _____ 20_____

Notary Public's Signature and Seal



**AFFIDAVIT OF 60/40 REQUIREMENT
FOR
BONA FIDE RESTAURANTS**



In accordance with Shreveport City Code Sec 10-52 (c), this affidavit will be accomplished and submitted with the Retail Liquor License renewal application. Figures will include sales for the 12 whole months prior to the application date. The affidavit and renewal application must be submitted at least 30 days prior to the expiration date shown on the current license. Failure to do so will result in the assessment of late fees and/or suspension of the permit.
NOTE: THIS FORM IS REQUIRED FOR BONAFIDE RESTAURANTS ONLY. IF YOUR BUSINESS IS NOT CLASSIFIED AS A BONAFIDE RESTAURANT, DISREGARD THIS FORM.
Refer questions to the ABO Office at 673-6140.

BUSINESS NAME _____

ADDRESS _____

RETAIL PERMIT ISSUED TO _____ **PERMIT #** _____

ADDRESS _____

TOTAL FOOD SALES: _____ **PERCENTAGE** _____

TOTAL ALCOHOL SALES: _____ **PERCENTAGE** _____

OTHER SALES: (Tobacco/souvenirs etc.) _____ **PERCENTAGE** _____

TOTAL GROSS SALES: _____ **TOTAL** _____

PREPARED BY: NAME: _____

ADDRESS: _____

PHONE #: _____

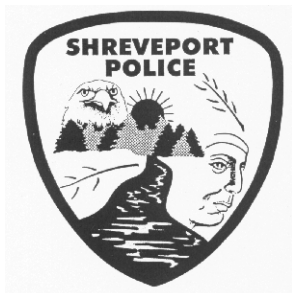
IF CPA/LICENSE #: _____

OWNER'S SIGNATURE _____ **DATE** _____

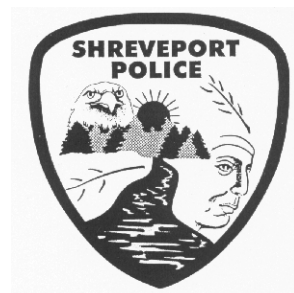
Sworn to and subscribed before me this _____ day of _____ 20 _____

Notary Public's Signature and Seal

Form approved by Shreveport Chief of Police



SHREVEPORT POLICE DEPARTMENT
ABO Application
Statement of Clarification

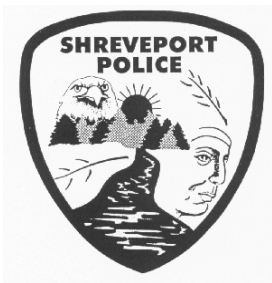


By placing your initials by each item you acknowledge understanding and compliance with that item. Please circle appropriate response where required.

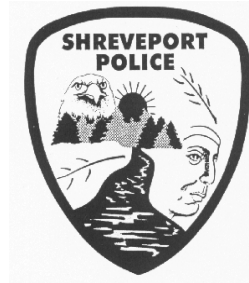
- _____ 1. I understand that **all criminal arrests, including DWIs, must be listed** on the application.
- _____ 2. I have/have never been arrested by any city, state or federal law enforcement agency. This includes any summons to appear.
- _____ 3. If I have been arrested, **regardless if I was convicted or not**, I have **listed all arrests** on the application.
- _____ 4. I have/have never been convicted of a criminal offense in any city, state or country.
- _____ 5. I am/am not on **probation or parole** at this time
- _____ 6. I understand that **falsification** of this document **is a criminal offense** and may be the **basis for my arrest**.
- _____ 7. I understand that **falsification** of this document will result in the **denial or revocation** of my **ABO card**.
- _____ 8. I understand that my **fingerprints will be checked** for any possible criminal activity.
- _____ 9. I understand that if the application is denied that the application fee **will not be refunded**.

Signature of applicant _____ Initials _____ Date _____

Initials of ABO Employee/Witness _____ Date _____



SHREVEPORT POLICE DEPARTMENT
ALCOHOLIC BEVERAGE UNIT
PRIVATE/PROMOTIONAL
PARTY PERMIT
\$25.00



PRIVATE PARTY ☐

PROMOTIONAL EVENT ☐

CITY OWNED BUILDING ☐
COMMERCIAL OWNED ☐

LOW CONTENT ☐
HIGH CONTENT ☐

ABO OFFICE USE ONLY

PERMIT NUMBER _____

DATE APPLICATION RECEIVED _____

NAME OF APPLICANT _____

ADDRESS: _____ PHONE # _____

SOCIAL SECURITY #: _____ DOB: _____ MALE: ☐ FEMALE: ☐ RACE: _____

LOCATION OF EVENT/BUSINESS NAME: _____

ADDRESS: _____

DATE OF EVENT: _____ ESTIMATED NUMBER OF PERSONS TO ATTEND: _____

NAME OF HOST OR SPONSORING ORGANIZATION: _____

ADDRESS: _____ PHONE# _____

WHAT TYPE OF EVENT? _____ HOURS OF EVENT _____

Signature of the applicant certifies that all information provided is correct to the best of their knowledge and the following restrictions are understood and will be complied with.

1. Event cannot be open to public
2. Absolutely no alcohol sales
3. No cover charge, dues, fees or other emolument is charged or collected
4. Consumption of alcoholic beverages is not used to attract or induce customers
5. Guest list must accompany private party application and only guests on the list may attend the party
6. Party will be limited to the hours the business is zoned to be open but in no case will exceed 12 midnight

SIGNATURE OF APPLICANT _____ DATE _____

CHIEF OF POLICE

APPROVED
DATE

DISAPPROVED
DATE

SOB LICENSE APPLICATION CONVICTION SUPPLEMENT

Applicant's name (printed): _____
Last First MI

Arrested by: (Agency)_____ Charge(s)_____ Date:_____

Results: ☐ Prison/Jail (release date)_____ ☐ Parole/Probation (release date) _____

Other: Explain _____

Arrested by: (Agency)_____ Charge(s)_____ Date:_____

Results: ☐ Prison/Jail (release date)_____ ☐ Parole/Probation (release date) _____

Other: Explain _____

Arrested by: (Agency)_____ Charge(s)_____ Date:_____

Results: ☐ Prison/Jail (release date)_____ ☐ Parole/Probation (release date) _____

Other: Explain _____

Arrested by: (Agency)_____ Charge(s)_____ Date:_____

Results: ☐ Prison/Jail (release date)_____ ☐ Parole/Probation (release date) _____

Other: Explain _____

Arrested by: (Agency)_____ Charge(s)_____ Date:_____

Results: ☐ Prison/Jail (release date)_____ ☐ Parole/Probation (release date) _____

Other: Explain _____

Arrested by: (Agency)_____ Charge(s)_____ Date:_____

Results: ☐ Prison/Jail (release date)_____ ☐ Parole/Probation (release date) _____

Other: Explain _____

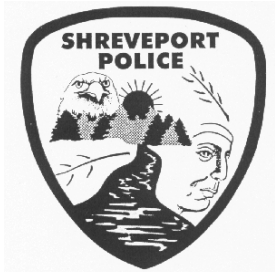
Additional information: _____

Applicant's signature: _____ Date: _____

Attach to application



SHREVEPORT POLICE DEPARTMENT
Sexually Oriented Business
Employee Card Application



SOB Office Use Only

Card Number _____

Date Received _____

APPLICATION MUST BE FILLED OUT COMPLETELY

Complete name of applicant _____ Phone # _____

Last, First MI

Address _____ City _____ State _____ ZIP _____

Mailing Address (If different) _____ City _____ State _____ ZIP _____

Alias or other names used in the preceding five (5) years _____

PERSONAL INFORMATION:

Sex	Race	Eyes	Hair	Build	Complexion
<input type="checkbox"/> Female	<input type="checkbox"/> Asian	<input type="checkbox"/> Black	<input type="checkbox"/> Black	<input type="checkbox"/> Thin	<input type="checkbox"/> Light
<input type="checkbox"/> Male	<input type="checkbox"/> Black	<input type="checkbox"/> Blue	<input type="checkbox"/> Blonde	<input type="checkbox"/> Medium	<input type="checkbox"/> Medium
<input type="checkbox"/> Glasses	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Brown	<input type="checkbox"/> Brown	<input type="checkbox"/> Stocky	<input type="checkbox"/> Dark
<input type="checkbox"/> Yes	<input type="checkbox"/> Indian	<input type="checkbox"/> Green	<input type="checkbox"/> Grey	<input type="checkbox"/> Muscular	<input type="checkbox"/> Freckled
<input type="checkbox"/> No	<input type="checkbox"/> White	<input type="checkbox"/> Hazel	<input type="checkbox"/> Red	<input type="checkbox"/> Obese	<input type="checkbox"/> Scarred

Height _____ Weight _____ Date Of Birth ____/____/____ Age _____ Place of Birth _____

City/State

Drivers License or ID Number _____ State _____ S.S.# _____

EMPLOYMENT INFORMATION:

Name of Business _____ Phone # _____

Address _____ Your Position _____

CHIEF OF POLICE

Right Thumb Print Only

Approved

Date

Disapproved

Date

Form approved by Chief of Police

1. Have you been convicted or plead guilty or nolo contendere (no contest) to a specified criminal activity as defined in Chapter 72 of the Shreveport Code of Ordinance (see Specified Criminal Information Sheet for details) within the in the past five (5) years? _____. If so, fill out the appropriate sections below. ALL APPLICABLE ARRESTS MUST BE LISTED. Check all blocks that apply to your arrest (s).

Arrested by: (Agency)_____ Charge(s)_____ Date:_____

Conviction Type ☐ Misdemeanor ☐ Felony ☐ Both

Results: ☐ Prison/ Jail (release date)_____ Parole/Probation (release date) _____

Other: Explain _____

Arrested by: (Agency)_____ Charge(s)_____ Date:_____

Conviction Type ☐ Misdemeanor ☐ Felony ☐ Both

Results: ☐ Prison/Jail (release date)_____ ☐ Parole/Probation (release date) _____

Other: Explain _____

Arrested by: (Agency)_____ Charge(s)_____ Date:_____

Conviction Type ☐ Misdemeanor ☐ Felony ☐ Both

Results: ☐ Prison/ Jail (release date)_____ ☐ Parole/Probation (release date) _____

Other: Explain _____

Arrested by: (Agency)_____ Charge(s)_____ Date:_____

Conviction Type ☐ Misdemeanor ☐ Felony ☐ Both

Results: ☐ Prison/ Jail (release date)_____ ☐ Parole/Probation (release date) _____

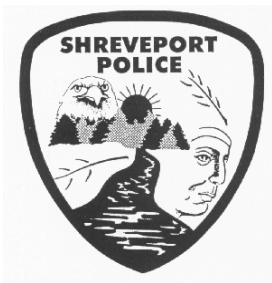
Other: Explain _____

2. Have you had a license, permit or card to be an employee of a Sexually Oriented Business issued by the United States, any state, or by any political subdivision of any state, authorized to issue permits or licenses, revoked within two years prior to the application, or been convicted or had a of court rendered against him involving violation of Sexually Oriented Business ordinances by this or any other state or local government or by the United States within one year prior to the application? If so, explain:_____

CERTIFICATION BY APPLICANT

This is to certify that I understand that any misstatement or suppression of fact in this application or violation of any requirement set forth in the Sexually Oriented Business Ordinance is grounds for the denial of this request for a Sexually Oriented Business Employee Card. I verify I have read the Specified Criminal Information Sheet and listed all applicable arrests on this application . I also understand that I will be fingerprinted and checked for possible criminal history and any outstanding arrest warrants. With this knowledge, I certify I have read each question contained on this application and the answers which I have given are true and correct to the best of my knowledge.

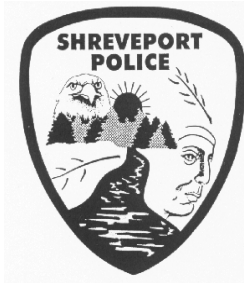
Date:_____ Signed _____



SHREVEPORT POLICE DEPARTMENT

SEXUALLY ORIENTED BUSINESS LICENSE APPLICATION

Application for _____
Year



- ☐ Initial Application
☐ Renewal Application
☐ Supplement Application (Used for Information Change)

Revenue Office Only Post mark date/initials _____ / _____ ABO Office Only Date received/initials _____ / _____
--

Application must be filled out completely ("X" all that apply)

Application for:

Type I License: ☐ Adult Cabaret ☐ Adult Motel ☐ Escort Agency ☐ Massage Center
\$1000.00 ☐ Adult Motion Picture Theater ☐ Exotic Dance Service

Type II License: ☐ Adult Bookstore ☐ Adult Novelty Store ☐ Adult Video Store ☐ Semi-nude Modeling Studio
\$100.00

Type III License: ☐ Dual Purpose Business
\$100.00

Business category: ☐ Corporation ☐ Partnership ☐ Limited Liability Corporation (LLC) ☐ Individual

If owner change: Previous Owner: _____ Name of business: _____

Name of business: _____ Phone# _____

Address: _____ City _____ State _____ ZIP _____

Mailing Address: _____ City _____ State _____ ZIP _____

Permit issued to: _____ Phone# _____
(If different from business name)

Mailing Address: _____ City _____ State _____ ZIP _____

Name of Manager: _____ Phone#(Home) _____

Address _____ City _____ State _____ ZIP _____

Social Security #: _____ DOB: _____ Sex: _____ Race: _____

Any other name(s) used in the previous 5 years _____

CHIEF OF POLICE

Date APPROVED

Date DISAPPROVED

FORM APPROVED BY CHIEF OF POLICE

Owner(s) Full Name: _____ Maiden name: _____
(Last, First MI)
Any other name (s) used in the past five years _____

Address: _____ City _____ State _____ ZIP _____

Social Security: _____ DOB: _____ Race _____ Sex _____

Owner(s) Spouse Full Name: _____ Maiden name: _____
(Last, First MI)

Any other name (s) used in the past five years _____

Address: _____ City _____ State _____ ZIP _____

Social Security: _____ DOB: _____ Race _____ Sex _____

QUESTIONS PERTAIN TO BOTH APPLICANT AND SPOUSE

1. Have you been convicted or plead guilty or nolo contendere (no contest) to a specified criminal activity as defined in Chapter 72 of the Shreveport Code of Ordinance (see Specified Criminal Information Sheet for details) within the in the past five (5) years? _____. If so, fill out the appropriate sections below. ALL APPLICABLE ARRESTS MUST BE LISTED. Check all blocks that apply to your arrest (s). If additional space is required, ask for Conviction Supplement Sheet.

Arrested by: (Agency) _____ Charge(s) _____ Date: _____

Results: ☐ Prison/Jail (release date) _____ ☐ Parole/Probation (release date) _____

Other: Explain _____

Arrested by: (Agency) _____ Charge(s) _____ Date: _____

Results: ☐ Prison/ Jail (release date) _____ ☐ Parole/Probation (release date) _____

Other: Explain _____

2. Have you had a license, permit or card to be an employee of a Sexually Oriented Business issued by the United States, any state, or by any political subdivision of any state, authorized to issue permits or licenses, revoked within two years prior to the application, or been convicted or had a of court rendered against him involving violation of Sexually Oriented Business ordinances by this or any other state or local government or by the United States within one year prior to the application? If so, explain: _____

CERTIFICATION BY APPLICANT

This is to certify that I understand that any misstatement or suppression of fact in this application or violation of any requirement set forth in the Sexually Oriented Business Ordinance is grounds for the denial of this request for a permit. I verify I have read the Specified Criminal Information Sheet and listed all applicable arrests. I also understand that I will be fingerprinted and checked for possible criminal history and any outstanding arrest warrants. With this knowledge, I certify I have each question contained on this application and that the answers which I have given are true and correct to the best of my knowledge.

Date: _____ Signed _____ Title _____

**STATE OF LOUISIANA
PARISH OF CADDO**

**SEXUALLY ORIENTED BUSINESS
SHARE AFFIDAVIT**

BEFORE ME the undersigned Notary Public, _____ personally came and appeared who after being duly sworn did depose and state: He/she is an officer, director, stockholder, or the owner of _____ shares, which represents _____% of the total shares of _____ corporation being the same as that which has applied for a license to operate a sexually oriented business at _____, Shreveport, Caddo Parish, Louisiana and that he/she meets all the requirements for the issuance of the said sexually oriented business license(s) set forth in Section 72-5 of City of Shreveport Code of Ordinances, including specifically the following:

- 1. Is more than twenty-one (21) years of age.**
- 2. Has provided information as required by Section 72-4 for issuance of a license and has answered all questions or request for information on the application form.**
- 3. Has paid any taxes, fees or charges due to the City by the applicant or his or her business**
- 4. Has not been shown to have committed a violation of Section 72-7(a), Section 72-10(b), Section 72-18(a), (b), or (c) of this chapter within the previous year.**
- 5. The Sexually Oriented Business premises are in compliance with the interior configuration requirements of this chapter and are in compliance with locational requirements established in the applicable zoning regulations or will be so within the prescribed time frame.**
- 6. Has not been convicted of a specified criminal activity, as defined in this chapter.**
- 7. An applicant, or the entity in which an applicant has a controlling interest, is the owner of the premises or the tenant under a bona fide written lease therefor.**
- 8. An applicant, or an entity in which an applicant has a controlling interest, has not had a license or permit to operate an Sexually Oriented Business issued by the United States, any state, or by any political subdivision of a state, authorized to issue permits or licenses, revoked within two years prior to the application and or has not been convicted or had a judgment of a court of competent jurisdiction rendered against him involving violation of Sexually Oriented Business ordinances by this or any other state or local government or by the United States for two years prior to this application.**
- 9. Is not the spouse of a person whose application for a Sexually Oriented Business license whose permit or license has been denied or revoked, unless judicially separated; provided, however, that in any such case:**
 - 1. The application shall not be denied solely on the basis of the age of the ineligible spouse;**
 - 2. A conviction of the spouse of a specified criminal activity shall not be cause for**

denial of a license if and only if:

- (a) The applicant had state and local permits prior to the conviction; and**
- (b) The applicant had a regime of separation of property, pursuant to applicable Louisiana law, and is the owner of the premises or has a bone fide written lease therefor, or the owner owns the premises as the applicant's separate property pursuant to applicable Louisiana law.**

10. Does not have any outstanding warrants for arrest for any crime.

Applicant's signature

Witness

Witness

Sworn to and subscribed before me, Notary Public, this _____ day of _____, 20____.

Notary Public

Shreveport Police Department
Sexually Oriented Business License Application
Specified Criminal Activity Information Sheet

Specified Activity means any one of the following offences:

La. R.S. 14:41-43.5 (rape and sexual battery offenses); La. R.S. 14:80-81.2 (sexual offenses affecting minors); La. R.S. 14:82-86 (offenses concerning prostitution); La. R.S. 14:104-6.1 (offenses concerning disorderly places and obscenity); La. R.S. 14: 281-284 (operating places of prostitution, voyeurism); La. R.S. 40:961, et seq. (Uniform Controlled Dangerous Substances Law); engaging in organized criminal activity relating to a sexually oriented business, specifically La. R.S. 14:230 (money laundering) La. R.S. 33:2845 (tax evasion); criminal attempt, conspiracy or solicitation to commit any of the foregoing offenses; or offenses in other jurisdictions that, if the acts would have been committed in Louisiana, would have constituted any of the foregoing offenses; for which:

1. less than two years have elapsed since the date of conviction or the date of release from confinement imposed for the conviction, whichever is the later date, if the conviction is of a misdemeanor offense;
2. less than five years have elapsed since the date of conviction or the date of release from confinement for the conviction, whichever is the later date, if the conviction is of a felony offense; or
3. less than five years have elapsed since the date of the last conviction or the date of release from confinement for the last conviction, whichever is the later date, if the convictions are of two or more misdemeanor offenses or combination of misdemeanor offenses occurring within any 24-month period.

Attention All SOB Applicants

Shreveport Police Department Sexually Oriented Business License / Employee Card Application Specified Criminal Activity Information Sheet

Specified Activity means any one of the following offences:

La. R.S. 14:41-43.5 (rape and sexual battery offenses); La. R.S. 14:80-81.2 (sexual offenses affecting minors); La. R.S. 14:82-86 (offenses concerning prostitution); La. R.S. 14:104-6.1 (offenses concerning disorderly places and obscenity); La. R.S. 14: 281-284 (operating places of prostitution, voyeurism); La. R.S. 40:961, et seq. (Uniform Controlled Dangerous Substances Law); engaging in organized criminal activity relating to a sexually oriented business, specifically La. R.S. 14:230 (money laundering) La. R.S. 33:2845 (tax evasion); criminal attempt, conspiracy or solicitation to commit any of the foregoing offenses; or offenses in other jurisdictions that, if the acts would have been committed in Louisiana, would have constituted any of the foregoing offenses; for which:

1. less than two years have elapsed since the date of conviction or the date of release from confinement imposed for the conviction, whichever is the later date, if the conviction is of a misdemeanor offense;
2. less than five years have elapsed since the date of conviction or the date of release from confinement for the conviction, whichever is the later date, if the conviction is of a felony offense; or
3. less than five years have elapsed since the date of the last conviction or the date of release from confinement for the last conviction, whichever is the later date, if the convictions are of two or more misdemeanor offenses or combination of misdemeanor offenses occurring within any 24-month period.



**SHREVEPORT POLICE DEPARTMENT
ALCOHOLIC BEVERAGE UNIT
SPECIAL EVENT
ALCOHOL PERMIT**



PERMIT NUMBER _____ DATE RECEIVED _____

<input type="checkbox"/> City owned building	<input type="checkbox"/> High	<input type="checkbox"/> Low
<input type="checkbox"/> Non-profit organization	<input type="checkbox"/> High	<input type="checkbox"/> Low
<input type="checkbox"/> City Council approval req.	<input type="checkbox"/> High	<input type="checkbox"/> Low
Resolution Number _____		
<input type="checkbox"/> Festival Plaza	<input type="checkbox"/> Low	<input type="checkbox"/> Wine
<input type="checkbox"/> River front fair or festival	<input type="checkbox"/> Low	<input type="checkbox"/> Wine
<input type="checkbox"/> Fairgrounds	<input type="checkbox"/> Low	<input type="checkbox"/> Wine

Sunday Permit (\$25.00 additional fee for each Sunday) Dates required:

1. ____/____/____

2. ____/____/____

3. ____/____/____

EVENT INFORMATION

Location of event: _____

Address: _____ Times: _____ thru _____

Inclusive date(s) of event: ____/____/____ THROUGH ____/____/____

Sponsoring organization or person: _____

Address: _____ Phone # _____

PERSONAL INFORMATION

Name of applicant: _____ DOB _____

Address: _____ Phone # _____

Sex: Male ☐ Female ☐ Race _____ Social Security # _____

Name of Applicant's spouse: _____ DOB _____

Address: _____ Phone # _____

Sex: Male ☐ Female ☐ RACE: _____ Social Security # _____

CHIEF OF POLICE

DATE APPROVED

DATE DISAPPROVED



SHREVEPORT POLICE DEPARTMENT
Sexually Oriented Business
Dual Purpose Business Percentage Estimate



I, _____, applicant for the Sexually Oriented Business License
for _____, at _____

hereby estimate that the adult oriented material in above mentioned business devotes approximately
_____ % of the interior sales or display space of the business. I further understand that the Chief
of Police may request a measurement be conducted by the Zoning Administrator. If that
measurement reveals the total percentage of retail space does not meet the requirements as outlined
in Section 72 of the Shreveport Code of Ordinances, you will be required to reconfigure the business
to meet the requirements or the Sexually Oriented Business License may be suspended or revoked.

Date _____ Signature _____

BACKGROUND INFORMATION

QUESTIONS APPLY TO BOTH APPLICANT AND SPOUSE

Have you ever been convicted of a felony?_____If so, where and what were the charges?_____. Did you receive a pardon?_____

Have you ever been convicted of prostitution, pandering, letting premises for prostitution, contributing to the delinquency of juveniles, keeping a disorderly place, letting a disorderly place, possessing or dealing in narcotics_____? If so, where and what were the charges?_____

Have you had an license or permit to sell or deal in alcoholic beverages revoked within one year of this application?_____ If so, where_____

Have you been convicted or had a judgement rendered against you for any violation involving alcoholic beverages within one (1) year prior to this application? If so, where and what were the charges?_____

Have you ever been convicted for violating any provision of Beer or Liquor permit laws of this state or local authorities? Is so, where and what were the charges?_____

Have you ever used any other name other than the one provided?_____If so, give details.

Name_____Where used_____Date_____

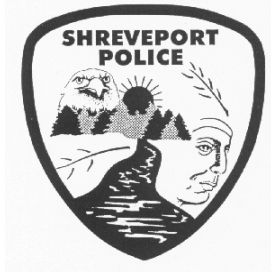
Name_____Where used_____Date_____

ADDITIONAL INFORMATION:_____

CERTIFICATION BY APPLICANT:

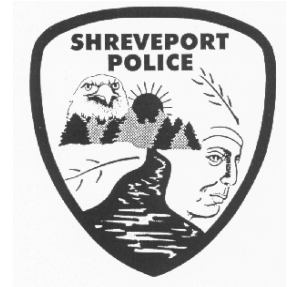
This is to certify that I understand that any misstatement or suppression of fact in this application or violation of any requirement set forth in the Alcoholic Beverage Ordinance is grounds for the denial of this request for a permit. I also understand that I will be checked for possible criminal history and outstanding warrants. With this knowledge, I certify I have read each question contained on this application and that the answers which I have given are true and correct to the best of my knowledge. I also certify I have read and understand all the applicable laws and ordinances of the City of Shreveport.

DATE:_____SIGNED_____TITLE_____



**CITY OF SHREVEPORT
SHREVEPORT POLICE DEPARTMENT
PRIVATE CLUB
SUNDAY SALES APPLICATION**

Fee \$250.00



BUSINESS NAME_____

ADDRESS_____

RETAIL PERMIT ISSUED TO_____ **PERMIT #**_____

ADDRESS_____

EXPIRATION DATE OF RETAIL PERMIT_____

By signing this application, you signify that you understand and will comply with the provisions outlined in Section 10-181 concerning Sunday liquor sales for a Bonafide Private Club.

OWNER'S SIGNATURE_____ **DATE**_____

APPROVAL:_____ **DISAPPROVAL:**_____

**Chief of Police or his
Designated Representative**

**Chief of Police or his
Designated Representative**

DATE:_____ **DATE:**_____



**APPLICATION FOR
BONA FIDE PRIVATE PARTY HELD ON SUNDAYS
SHREVEPORT POLICE DEPARTMENT
Price \$100.00**



RETAIL LIQUOR DEALER

SEC 10-182 (Revised)

PERMIT NUMBER _____

DATE _____

NAME OF APPLICANT _____ SSAN _____ DOB _____

BUSINESS NAME _____

BUSINESS ADDRESS _____

HOST _____

HOME ADDRESS _____ PH# _____

NUMBER OF INVITED GUESTS _____ MAXIMUM OCCUPANCY OF BUSINESS _____

DATE/HOURS OF PARTY _____

Original alphabetized guest list provided with application? YES _____ NO _____

Sunday Private Party Number _____. (Only ten (10) allowed per calendar year)

By placing my signature below, I acknowledge understanding of and will comply with the following restrictions.

1. An original alphabetized guest list must be provided to the Shreveport Police Department along with the application
2. Only persons on that guest list will be allowed entry.
3. The number of invited guests will not exceed the maximum occupancy for the business.
4. The host will be present during the duration of the party.
5. The applicant is responsible for **ALL** provisions set forth in Chapter 10, Code of Ordinance, and any violations will be considered a violation against the applicant's Retail Liquor Permit

SIGNATURE OF APPLICANT

DATE

APPROVED _____ DISAPPROVED _____
Chief of Police or Designated Representative Chief of Police or Designated Representative



**APPLICATION FOR
SUNDAY ONLY SPECIAL SPORTING EVENT
SHREVEPORT POLICE DEPARTMENT
Price \$200.00**



RETAIL LIQUOR DEALER

SEC 10-185

PERMIT NUMBER _____

DATE _____

NAME OF APPLICANT _____ **SSAN** _____ **DOB** _____

BUSINESS NAME _____

BUSINESS ADDRESS _____

HOST _____

HOME ADDRESS _____ **PH#** _____

SPORTING EVENT NAME _____

DATE/HOURS OF EVENT _____ / _____

By placing my signature below, I acknowledge understanding of and will comply with the following restrictions.

1. The event in a nationally sponsored event or is an qualifying round for an national event
2. The event hours will not start prior to 12:00 noon and finish no later than 12:00 midnight.
3. The applicant is responsible for ALL provisions set forth in Chapter 10, Code of Ordinance, and any violations will be considered a violation against the applicant's Retail Liquor Permit

SIGNATURE OF APPLICANT **DATE**

APPROVED _____ **DISAPPROVED** _____
Chief of Police or **Chief of Police or**
Designated Representative **Designated Representative**